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## **U.S. Soldiers and Peacekeeping Deployments**

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Peace support operations, whether humanitarian, peace enforcement or peacekeeping, entail a different combination of challenges for soldiers than does traditional combat (Litz, 1996). The paper reviews pertinent findings from studies conducted with U.S. soldiers deployed on peace support operations to the Balkans at various points in their deployment cycle: pre-deployment, deployment and post-deployment. The summary of research findings is based on surveys and interviews conducted with soldiers and leaders throughout the deployment cycle. Stressors associated with each time period, such as family issues during pre-deployment, communication and the operational environment during the deployment, and the impact of deployment experiences and deployment length on the adjustment of soldiers at post-deployment. The degree to which findings extrapolate to other deployments depends on the nature of those missions and environments. The role of the family and specific recommendations across the deployment cycle are discussed.

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Today, U.S. soldiers are deployed throughout the world on peace support operations. These peace support operations, whether humanitarian, peace enforcement or peacekeeping, entail a different combination of challenges for soldiers than does traditional combat (Litz, 1996). Even across the peace support spectrum, which ranges from domestic disaster relief to humanitarian and peacekeeping operations, there are different issues that confront soldiers depending on the type of operations. In this section, we will briefly review those issues encountered by soldiers from the U.S. Army, Europe, deployed on peacekeeping missions to the Balkans. We have selected the Balkans for focus because approximately 80% of deployed U.S. soldiers are in the Balkans. U.S. peacekeeping deployments to the Balkans have included UN Protection Force missions to Croatia and the Former Yugoslav Republic of Macedonia, and the NATO operations in Bosnia and Kosovo.

In the U.S. military, soldiers do not volunteer for service on peacekeeping missions. They are deployed as part of their active duty service. Moreover, U.S. soldiers are not individually screened for selection for peacekeeping missions, unlike many U.S. allies. In this section, we review pertinent findings from studies conducted with U.S. soldiers deployed to the Balkans at various points in their deployment cycle: pre-deployment, deployment and post-deployment. We summarize research findings based on surveys and interviews conducted with soldiers and leaders throughout the deployment cycle.

### **Pre-Deployment Phase**

Prior to deploying on a peacekeeping mission, soldiers face the challenge of preparing to deploy. Such preparation requires attending to personal issues as well as completing necessary pre-deployment training. In our research with U.S. soldiers stationed in Germany, we have found that soldiers preparing to deploy feel very positive about their military readiness but are usually skeptical about the utility of peacekeeping missions (Castro, Bienvenu, Huffman, & Adler, 2000). However, recent evidence suggests that there is a cultural shift occurring within the military, indicating that U.S. soldiers now recognize peacekeeping missions as a fundamental component of a soldier's job (Castro et al., 2000; Miller, 1997; Reed & Segal, 2000).

In preparing for deployment, the biggest stressors for soldiers are dealing with family issues. Specifically, more than a third of soldiers deploying to Bosnia reported stress from not being able to complete personal business and preparing the family for the soldier being gone. Since soldiers are away from home for substantial periods of time during the pre-deployment period as part of their training and equipment preparation, the

pre-deployment separation is compounded by the anticipated separation of the impending peacekeeping deployment. The strain of the pre-deployment period is not limited to those with families. For single soldiers, the busy pre-deployment period does not allow them time to adequately take care of personal issues (e.g., arranging for bill payment, storing their personal belongings).

## **Deployment**

Soldiers deployed on peacekeeping missions report stress from difficulties in communication, the operational environment, and the ambiguity of the mission itself. Communication is a consistent challenge for the military, and problems associated with it have been seen on peacekeeping operations in Croatia, Bosnia and Kosovo. While progress has been made in facilitating communication back home with loved ones (Applewhite & Segal, 1990), there remain difficulties in information flow between leaders and soldiers (Bartone, Adler, & Vaitkus, 1998). Data have clearly shown the importance of communication. Soldiers deployed to Haiti on a peace support operation who were briefed on a daily basis about their mission by their leaders reported fewer physical and psychological symptoms (Halverson & Bliese, 1996).

The operational environment is also stressful. For instance, soldiers deployed to Kosovo reported working more hours per day and more days per week than they did during garrison. Specifically, soldiers in Kosovo reported working 13 hours a day, 7 days a week, whereas they reported working 10 hours a day, 5 days a week when they were in garrison (Castro et al., 2000). Besides working long hours, US soldiers are typically confined to the base camp for security reasons. This accentuates soldiers' feelings of isolation and prevents them from easily observing the contributions that the deployment is making for the local population. In Kosovo, however, where soldiers are not assigned to base camps but rather to sites within the local communities, soldiers reported more awareness of the contribution that the deployment is making and had more positive attitudes about the mission than did soldiers stationed in base camps. In addition, when soldiers actively participated in building facilities for the local community, distributing aid to families, and other community-based projects, they reported greater job involvement and job satisfaction than those who did not (Adler, Dolan, Castro, Bienvenu & Huffman, 2000).

Contact with the local population does, however, present its own problems. In interviews with US soldiers deployed to Kosovo, they reported that they try to maintain a position of neutrality required of all peacekeepers. When they are accused by the local factions of being unfair simply because they are being neutral, US soldiers feel resentful and apathetic. In addition, soldiers feel that their presence ensures peace in the Balkans but doubt whether the peacekeeping mission to the Balkans will have any lasting impact on preventing future conflicts. Although this doubt was present in Bosnia and Kosovo, there has been a positive shift in the degree to which soldiers accept peacekeeping missions in general. Not all peace support operations engender such skepticism about the specific benefits of a mission. For instance, soldiers deployed to the Persian Gulf and the

Sinai do not report these concerns. We do not know what aspects of these missions account for these differences in attitudes.

Although mission ambiguity has been reported as one of the key dimensions of psychological stress in peacekeeping operations to Croatia (Bartone et al., 1998), Haiti (Halverson & Bliese, 1996), and Bosnia (Ritzer, Campbell, & Valentine, 1999), and remains a priority concern of commanders, it was not a major issue in Kosovo. Soldiers deploying to Kosovo knew the mission was indefinite, knew how long they would be deployed, and had clear Rules of Engagement.

It is important to note that the deployment environment changes across the course of the deployment. In a study of a medical unit deployed to Croatia, work climate indicators such as cohesion increased at both mid- and late-deployment (Bartone & Adler, 1999). In two other studies (Bosnia and Kosovo), this trend was not replicated. Cohesion, morale and soldiers' perspective of leadership either declined at mid-deployment (Castro et al., 2000) or remained unchanged (Castro, Bartone, Britt, & Adler, 1998). For a discussion of how work climate (e.g., group cohesion, leadership and morale) and infrastructure shift over the course of a deployment, see Bartone et al. (1998), Ritzer et al., (1999) and Castro et al., (1998).

Despite the stressors that soldiers report during the deployment, they report that there are fewer distractions than in garrison. Specifically, soldiers report that they are focused completely on the peacekeeping mission without the stress from additional non-job-related duties. This increased predictability is closely linked to overall soldier wellbeing (Huffman, Adler, & Castro, 2000).

### **Post-deployment**

Overall, soldiers report fewer physical and psychological symptoms at post-deployment than they do at mid-deployment. For example, depression levels are lower at post-deployment as is the number of physical symptoms. This general pattern was found for deployments to both Bosnia (Castro et al., 1998) and Kosovo (Adler et al., 2000). During the post-deployment adjustment, however, there are other factors that must be considered. Specifically, we have shown that deployment experiences and deployment length are important.

In understanding the soldier's adjustment following a peacekeeping mission at post-deployment, it is critical to know what they experienced during the mission and how it affected them. In a study of US soldiers who had returned from a six-month deployment to Kosovo, soldiers who reported high levels of peacekeeping incidents reported more physical symptoms, greater use of alcohol, greater use of conflict-based tactics, more post-traumatic stress symptoms, more days of work missed due to illness, and sleeping less than five hours a night than soldiers who reported low levels of peacekeeping incidents (Adler, Dolan & Castro, in press). In this study, peacekeeping incidents ranged from seeing the physical devastation of the country, disarming civilians,

traveling in areas with land mines, witnessing hostility over property, and handling dead bodies or body parts, to being shot at or taken hostage.

Studies with soldiers deployed to Bosnia and Kosovo also demonstrated that the length of a soldiers' deployment had an impact on soldier adjustment. Soldiers deployed for more than four months had worse psychological health than those deployed for less than four months (Castro & Adler, 1999; Wright, Huffman, Adler, & Castro, 2001). Health indicators included measures of post-traumatic stress symptoms, depression and alcohol problems.

Although soldiers report better health at post-deployment, their overall job satisfaction declines from mid-deployment. Soldiers report high levels of job commitment at mid-deployment, reflecting the professional satisfaction and meaning they find by participating in a real-world mission (e.g., Adler et al., 2000). These ratings of job satisfaction decline at post-deployment, as soldiers engage in more routine and mundane garrison duties.

### **Beyond the Balkans**

The stressors and issues described here are based primarily on research with U.S. soldiers deployed to the Balkans. Despite the unique nature of each of these deployments, conclusions based on a synthesis of this research are expected to apply to other deployments with similar stressors (e.g., Sinai and Haiti). Indeed, evidence from research in the Balkans and elsewhere conducted by military scientists from other countries suggests both unique issues and areas of overlap with U.S. findings (see Elklit, 1998 for a review; Johnston, 2000; Lundin & Otto, 1996; Soetters & Rovers, 1997). Any attempt to generate a global description of the peacekeeper experience is shaped by the reality that there are differences in the nations deploying, in the area of operation, and in the specific operation.

The degree to which the findings cited here extrapolate to high-intensity deployments is unknown because each deployment is dynamic with multiple factors that determine its characteristics. It is certainly expected, for example, that deployments that escalate into combat will produce a set of stressors requiring a different intervention strategy (see Litz, King, King, Orsillo, & Friedman, 1997). On the opposite side of the intensity spectrum, humanitarian deployments entail opportunities for soldiers to feel they are making a specific positive contribution to the affected population, and although the issues are somewhat different, the recommendations for intervention may be similar (e.g., Britt & Adler, 2000).

In order to understand the U.S. peacekeeper experience in its current context, it is necessary to consider two additional dimensions. It is not only the deployment stressors that determine soldier readiness and adaptation but also how the family responds to that separation. When soldiers believe that their families are being well cared for back home, they adjust better. Understanding soldier and unit readiness is incomplete without an examination of how families are adjusting to the deployment. Another important contextual issue is the high workload confronting U.S. soldiers. Soldiers are faced with

frequent and repeated peacekeeping deployments that place a strain on them beyond what they expected when they first entered the military. The pace of operations in garrison and on training exercises is equally pressing. Yet peacekeeping deployments can and do have both positive and negative impacts on readiness. These deployments offer soldiers an opportunity to apply their military skills in a real-world environment. The challenge facing both the soldier and the military is how to reach a balance between achieving mission success and sustaining soldier and family wellbeing.

## **Recommendations**

When findings from several studies are considered together, several recommendations emerge for U.S. peacekeeping missions.

### **•Before the deployment**

- Recognize that a military deployment truly begins at the deployment preparation stage.
- Give soldiers adequate time to take care of personal business.
- Ensure soldiers have blocks of time to take care of family issues.
- Assess effectiveness of unit communication and make improvements if necessary.
- Establish a firm departure date and return date.
- Brief soldiers daily on the importance of the mission and their role during the deployment.
- Let soldiers know what to expect during the deployment.
- Conduct a pre-deployment health assessment to provide early intervention.

### **•During the Deployment**

- Expect a decline in unit morale and cohesion during the deployment.
- Let soldiers know how their families are doing during the deployment.
- Ensure soldiers understand why policies are in place, e.g., travel restrictions and leave policies.
- Brief soldiers daily on how the mission is going.
- Continue and increase opportunities for positive peacekeeping experiences.
- Schedule health assessments for soldiers to determine referral need and to identify health issues in the deployed force.

### **•After the Deployment**

- Give soldiers time to recover, both physically and mentally.
- Give soldiers at least a 6-month break from future deployments.
- Schedule training exercises after at least 2 to 3 months in garrison.
- Award and recognize soldiers who deserve it.
- Conduct a post-deployment health assessment to determine soldier adaptation.
- Target high-risk units and individuals who experienced traumatic peacekeeping incidents for early intervention.

## References

- Adler, A.B., Dolan, C.A. & Castro, C.A. (in press). U.S. soldier peacekeeping experiences and wellbeing after returning from deployment to Kosovo. Proceedings of the 36<sup>th</sup> International Applied Military psychology Symposium, Split, Croatia.
- Adler, A.B., Dolan, C.A., Castro, C.A., Bienvenu, R.B., & Huffman, A.H. (2000). U.S. Soldier Study III: Kosovo Post-Deployment. USAMRU-E Technical Brief #00-04. Heidelberg, Germany: U.S. Army Medical Research Unit-Europe.
- Applewhite, L.W. & Segal, D.R. (1990). Telephone use by peacekeeping troops in the Sinai. Armed Forces and Society, 17, 117-126.
- Bartone, P.T., & Adler, A.B. (1999). Cohesion over time in a peacekeeping medical task force. Military Psychology, 11, 85-107.
- Bartone, P.T., Adler, A.B., & Vaitkus, M.A. (1998). Dimensions of psychological stress in peacekeeping operations. Military Medicine, 163, 587-593
- Britt, T.W., & Adler, A.B. (1999). Stress and health during medical humanitarian assistance missions. Military Medicine, 164 (4), 275-279.
- Castro, C. A., & Adler, A. B. (1999, Autumn). The impact of operations tempo on soldier and unit readiness. Parameters, 86-95.
- Castro, C.A., Bartone, P.T., Britt, T.W., & Adler, A.B. (1998). Operation Joint Endeavor (OJE): Lessons learned for improving psychological readiness. USAMRU-E Technical Brief #98-04. Heidelberg, Germany: U.S. Army Medical Research Unit-Europe.
- Castro, C.A., Bienvenu, R.V., Huffman, A.H., & Adler A.B. (2000). Soldier dimensions and operational readiness in U.S. Army forces deployed to Kosovo. International Review of the Armed Forces Medical Services, 73, 191-199.
- Elklit, A. (1998). UN-Soldiers serving in peacekeeping missions: A review of the psychological after-effects. International Review of the Armed Forces Medical Services, 71, 197-207.
- Halverson, R.R. & Bliese, P.D. (1996). Determinants of soldier support for Operation Uphold Democracy. Armed Forces and Society, 23, 81-96.
- Huffman, A.H., Adler, A.B. & Castro, C.A. (2000). USAREUR/7A OPTEMPO and PERSTEMPO Study – In-Progress Report 2. USAMRU-E Technical Brief #00-06. Heidelberg, Germany: U.S. Army Medical Research Unit-Europe.
- Johnston, I. (2000). The psychological impact of peacekeeping deployment. In the Proceedings of the International Military Testing Association, Edinburgh, Scotland.

Litz, B.T. (1996). The psychological demands of peacekeeping for military Personnel. PTSD Clinical Quarterly, 6, 1-8.

Litz, B.T., King, L.A., King, D.W., Orsillo, S.M., & Friedman, M.J. (1997). Warriors as peacekeepers: Features of the Somalia experience and PTSD. Journal of Consulting and Clinical Psychology, 65, 1001-1010.

Lundin, T. & Otto, U. (1996). Swedish soldiers in peacekeeping operations: Stress reactions following missions in Congo, Lebanon, Cyprus, and Bosnia. NCP Clinical Quarterly, 6, 9-15.

Miller, L.L. (1997). Do soldiers hate peacekeeping? The case of preventive diplomacy operations in Macedonia. Armed Forces and Society, 23, 415-450 .

Reed, B. J. & Segal, D.R. (2000). The impact of multiple deployments on soldiers' peacekeeping attitudes, morale, and retention. Armed Forces and Society, 27, 57-78.

Ritzer, D.R., Campbell, S.J., & Valentine, J.N. (1999). Human dimensions research during Operation Joint Guard, Bosnia. Army Medical Department Journal, 8, 5-16.

Soetters, J.L. & Rovers, J.H. (1997). (Eds.). The Bosnian Experience. Breda, The Netherlands: The Royal Netherlands Military Academy.

Wright, K.A., Huffman, A.H., Adler, A.B., & Castro, C.A. (2001). Redeployment psychological screening of 11D soldiers deployed to Kosovo. USAMRU-E Technical Brief #01-02. Heidelberg, Germany: U.S. Army Medical Research Unit-Europe.